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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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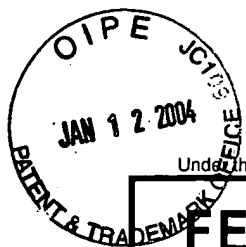
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	10/618,568	
	<b>Filing Date</b>	Jul 11, 2003	
	<b>First Named Inventor</b>	Nemirofsky, et al.	
	<b>Group Art Unit</b>		
	<b>Examiner Name</b>		
<b>Total Number of Pages in This Submission</b>	56	<b>Attorney Docket Number</b>	6555/53772

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Inventor Declaration; Substitute Specification Transmittal; Substitute Specification; Marked Up Version; and Return Postcard Receipt
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Law Office of Mark J. Spolyar
Signature	
Date	January 12, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail "Post Office to Addressee" service in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: Exp. Mail Label ER633581786US			
		January 12, 2004	
Type or printed name	Mark James Spolyar		
Signature		Date	January 12, 2004

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01-18-04

# CC

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>FEE TRANSMITTAL</b> <b>for FY 2004</b>  <i>Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>	
		Application Number	10/618,568
		Filing Date	7/11/2003
		First Named Inventor	Nemirofsky, et al.
		Examiner Name	
TOTAL AMOUNT OF PAYMENT		(\$)	687.00
		Attorney Docket No.	6555/53772

<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>					
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit Account Number _____ Deposit Account Name _____  <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>					
2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	
		105	130	205	65	Surcharge - late filing fee or oath	65.00
		127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
		139	130	139	130	Non-English specification	
		147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
		112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
		115	110	215	55	Extension for reply within first month	
		116	420	216	210	Extension for reply within second month	210.00
		117	950	217	475	Extension for reply within third month	
		118	1,440	218	720	Extension for reply within fourth month	
		128	1,960	228	980	Extension for reply within fifth month	
		119	320	219	160	Notice of Appeal	
		120	320	220	160	Filing a brief in support of an appeal	
		121	280	221	140	Request for oral hearing	
		138	1,510	138	1,510	Petition to institute a public use proceeding	
		140	110	240	55	Petition to revive - unavoidable	
		141	1,280	241	640	Petition to revive - unintentional	
		142	1,280	242	640	Utility issue fee (or reissue)	
		143	460	243	230	Design issue fee	
		144	620	244	310	Plant issue fee	
		122	130	122	130	Petitions to the Commissioner	
		123	50	123	50	Processing fee under 37 CFR 1.17(q)	
		126	180	126	180	Submission of Information Disclosure Stmt	
		581	40	581	40	Recording each patent assignment per property (times number of properties)	
		146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
		149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
		179	740	279	370	Request for Continued Examination (RCE)	
		169	900	169	900	Request for expedited examination of a design application	
		Other fee (specify) _____					
		*Reduced by Basic Filing Fee Paid					
		<b>SUBTOTAL (3)</b>					<b>(\$)</b> 275.00

<b>1. BASIC FILING FEE</b>	
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)
101 770	201 385
106 340	206 170
107 530	207 265
108 770	208 385
114 160	214 80
<b>Fee Description</b>	
Utility filing fee	
Design filing fee	
Plant filing fee	
Reissue filing fee	
Provisional filing fee	
<b>Fee Paid</b>	
385.00	
<b>SUBTOTAL (1)</b>	
<b>(\$)</b> 385.00	

<b>2. EXTRA CLAIM FEES</b>	
Total Claims	23
Independent Claims	-20**= 3
Multiple Dependent	-3**=
Extra Claims	3
Fee from below	9.00
Fee Paid	27.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)
103 18	203 9
102 86	202 43
104 290	204 145
109 86	209 43
110 18	210 9
<b>Fee Description</b>	
Claims in excess of 20	
Independent claims in excess of 3	
Multiple dependent claim, if not paid	
**Reissue independent claims over original patent	
**Reissue claims in excess of 20 and over original patent	
<b>Fee Paid</b>	
27.00	
<b>SUBTOTAL (2)</b>	
<b>(\$)</b> 27.00	

\*\* or number previously paid, if greater; For Reissues, see above

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Mark James Spolya	Registration No. (Attorney/Agent)	42164
Signature		Telephone	415-826-7966
		Date	January 12, 2004

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